

CEDAR GROVE AMBULANCE & RESCUE SQUAD
 POST OFFICE BOX 81, CEDAR GROVE, NEW.JERSEY 07009
Application for Membership

Date: ___/___/___
 Last Name: _____ First: _____ Middle Initial: _____
 Address: _____ Apt _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: ___/___/___ (Minimum age 16) Place of Birth: _____ Sex: M (_____) F (_____)
 Email: _____
 Home Phone #: (_____) - _____ - _____ Cell Phone #: (_____) - _____ - _____
 Social Security #: _____ - _____ - _____ US Citizen: Yes (___) No (_____)
 Driver's License #: _____ State: _____ Expiration Date: ___/___/___
 (Attach copy of Driver's License)

Have you ever received a summons for a moving or traffic violation? Yes / No
 If "Yes", give details: _____

Current Employer: _____ Telephone #: _____
 Occupation: _____ Work Hours: _____
 Years of employment: _____ Supervisor's Name: _____
 Last 2 Previous Employers: _____

Educational Background

Military experience & type of discharge: _____

Medical and/or rescue experience (attach copies of current certifications): _____
 Hobbies / club memberships: _____

Health Record

Have you ever been treated for any nervous, mental or emotional disorder of any type? **Yes / No**
 If "Yes" give details: _____

Have you ever been diagnosed, tested positively or treated for any of the following: _____

Hypertension	Yes	No	Rheumatic Fever	Yes	No
Tuberculosis	Yes	No	Heart Disease	Yes	No
Epilepsy	Yes	No	Fainting Spells	Yes	No
Ulcers	Yes	No	Severe Cluster Headaches	Yes	No
Diabetes	Yes	No	Asthma	Yes	No
Alcohol/Drug abuse	Yes	No	Cancer	Yes	No

Do you have any physical defects which would preclude you from unrestrictive activities? **Yes / No**
 If "Yes" give details: _____

Note: You will need a physical exam either by your doctor (within the last 6 months) or the Squad's doctor (at our expense) prior to acceptance. If you have gone to your own doctor, attach doctor's note which states "That you are in good physical condition and able to ride and work on an ambulance". Please provide your doctor's address, phone number and ID number.

Are you willing to take a drug test at any time during your membership on the squad? **Yes / No**

Arrest, Litigation and Court Record

Have you ever been detained, taken into custody or arrested by any law enforcement agency? **Yes / No**
 If "Yes" give details: _____

Have you ever been charged with any violation, including traffic but excluding parking tickets, either as a juvenile or as an adult?
Yes / No
 If "Yes" give details: _____

Have you ever been fingerprinted for any reason (arrest, job, applicant, security clearance, etc.)? **Yes / No**
 If "Yes" give details: _____

References and Social Acquaintances

Give three references (not relatives) who are responsible adults of reputable standing in their communities such as property owners, business or professional persons who have known you well for at least two years.

Name: _____ Address: _____
Home Phone #: _____ City: _____ State: _____ Zip: _____
Work Phone #: _____ Acquaintance: _____ Years known: _____

Name: _____ Address: _____
Home Phone #: _____ City: _____ State: _____ Zip: _____
Work Phone #: _____ Acquaintance: _____ Years known: _____

Name: _____ Address: _____
Home Phone #: _____ City: _____ State: _____ Zip: _____
Work Phone #: _____ Acquaintance: _____ Years known: _____

Personal Declarations

Are you now or have you ever been affiliated with, either by membership or any other means, any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other person their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by unconstitutional means? **Yes / No**

Are there any incidents in your life not mentioned herein which may reflect unfavorably on your reputation, morals, character, loyalty, or ability to perform the duties which you may be called upon to perform or which might require further explanation? **Yes / No**

If you answered "Yes" to either of the above statements, give a brief explanation below:

What shift or shifts are you available for (mark all that are applicable)?

- Weekday (Monday – Friday, 6am to 6pm)
- Weekend (Saturday & Sunday, 6am to 6pm)
- Night (Sunday – Saturday, 6pm to 6am)

Certifying Statement by Applicant

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that entries made and details provided by me are true, complete and correct to the best of my knowledge and belief and made in good faith. I have also talked with a Squad Officer as to the responsibilities and duties of a Squad Member.

Date: _____ Signature: _____
Print Name: _____

If the Applicant is Under the Age of 18

I give my son/daughter permission to join and participate in the activities of the Squad. I have received a copy of the New Jersey State Child Labor Law and have discussed it with my child. I have also talked with a Squad Officer as to the responsibilities and duties of a Squad Member.

Date: _____ Parent Signature: _____
Print Name: _____

Note: New members must have a current EMT card or be certified in CPR and basic first aid prior to being assigned to a crew.

FOR SQUAD USE ONLY

Date: _____ Member No. _____ Status _____ Initial _____

All of the following must be completed prior to membership.

After completion (Initial and date)

Part 1: (Membership Committee)

Member application completed _____
Interview _____
Building Tour _____
NJSP Criminal Background Check _____
Personal References Checked _____
Physical Exam _____
First Aid Certification _____
CPR _____

Part 3: (President or Vice President)

Building Key _____
Workman's Comp Form _____
Life Insurance Form _____
Constitution & By-Laws _____
Hep-B Form _____
LOSAP _____
Part 4: (Captain or Asst. Captain)
Crew Assignment _____
Member Number Assigned _____
Captain Standing Orders _____

Copies on File:

First Aid or EMT Certification

CPR

Drivers License

Doctors Note

MCI Plan

SOP's

Crew Assignment

Equipment Assignment (form)
